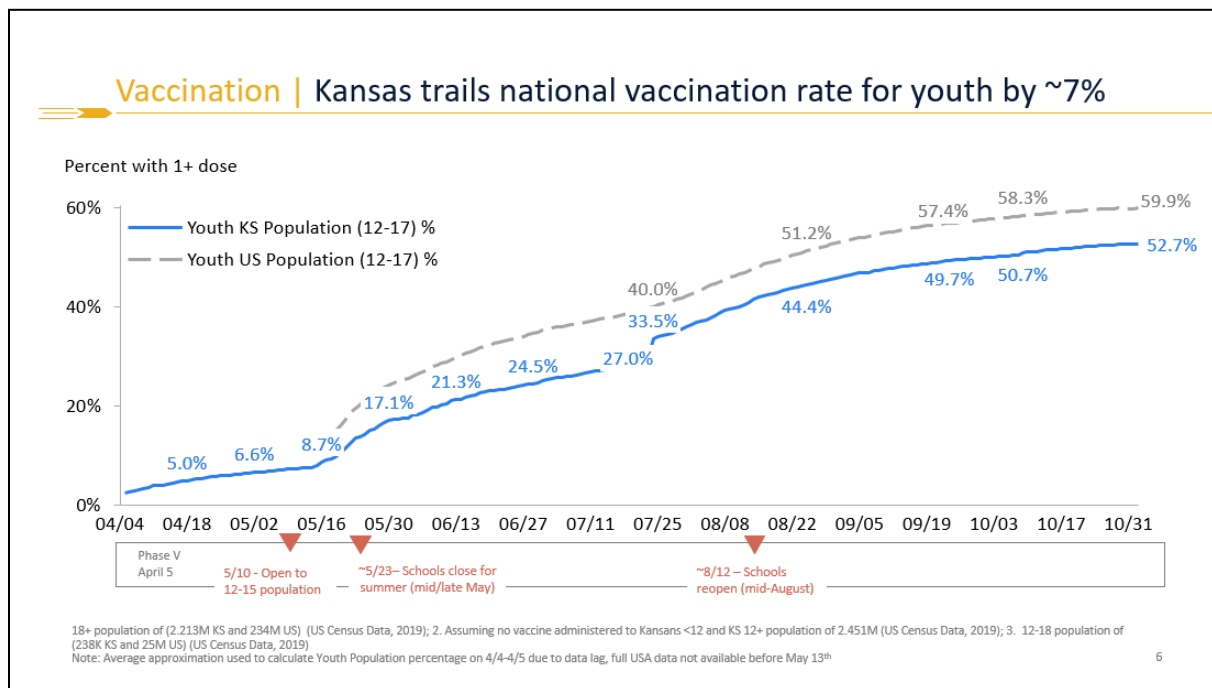


SAFER CLASSROOMS WORKGROUP
Weekly Report
November 3rd, 2021

Governor Laura Kelly joined the Safer Classrooms Workgroup to highlight the successes of the Workgroup and outline the details on the CDC's approval of vaccines for five-to-eleven-year-olds on November 3rd. Kansas received 128K pediatric doses in the first round of deliveries from the federal government; half will go to larger-scale distributors and the other half to pediatricians. Dr. Jennifer Bacani-McKenney and Dr. Stephanie Kuhlmann, co-chairs of the Safer Classrooms Workgroup, led the Workgroup discussion on recent school board elections; strategies and considerations for vaccinating five-to-eleven-year-olds; the side effect profile for the vaccine in children; the power of storytelling in building trust between physician and patients; how schools can serve as advocates for vaccination efforts and the role; and power we all have in combatting COVID-19.



COVID-19 school metrics summary

The Workgroup reviewed the latest data pertaining to Kansas schoolchildren and discussed the importance of using the three key public health tools to keep school safely open:

1. **Vaccination:** Kansas eligible youth vaccination rate (~53%) continues to trail the national eligible youth vaccination rate (~60%) by seven percentage points. On November 2nd, CDC director Dr. Rochelle Walensky, approval of the Pfizer-BioNTech COVID-19 vaccine to five-to-eleven-year-olds. Vaccinations for this age group are expected to begin immediately. In response, KDHE has updated their FAQs to include information for five-to-eleven-year-olds vaccination and can be found [here](#). KDHE also has updated COVID-19 vaccine eligibility information for primary and booster series that can be accessed [here](#). The K-12 COVID-19 Dashboard continues to serve as an informative live tool to understand vaccination rates across School Districts and can be accessed [here](#).

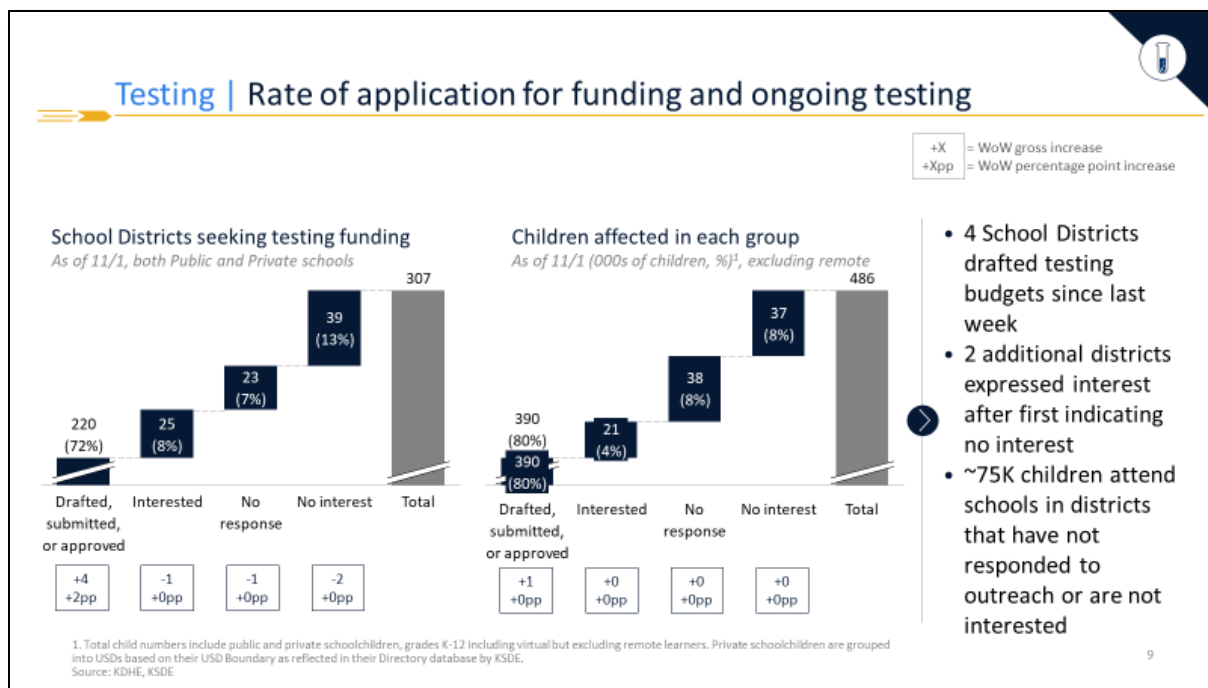
2. **Testing:** Since last week, four additional School Districts submitted budgets for testing, bringing the total number of Districts that have drafted, submitted, or approved for testing funding to 220. 80% of Kansan students attend school in Districts that have drafted, submitted, or been approved for testing budgets. Like last week, 16% of Kansan students attend school where no response has been received or where the District has expressed no interest in testing funding for students. As of this week, 143 School Districts are reporting testing results to KDHE, and 449 positive tests were reported across 84 Districts. This compares to 562 positive tests reported last week across 88 Districts.
3. **Masking:** 254 School Districts / private schools responded to KDHE's outreach on masking policies, an increase of 3 responses. After additional responses, 47% of Districts are implementing a policy of encouraging but not requiring masks (24% of Kansan students); 16% of School Districts have a mask requirement for all students (56% of students); 16% of School Districts have no mask policy (6% of students). 17% of Districts have not yet responded to the survey (7% of students).

There were 54 active outbreaks in KS schools as of this week; this compares to 56 active outbreaks last week and 59 outbreaks the week before. Looking at outbreak-related cases per 100,000 students, School Districts with mask requirements had 39 outbreak cases per 100,000 as of last week; School Districts with masks encouraged or no mask policies had more than 7x the number of outbreak cases per 100,000 students, at 278 cases per 100,000 students.

Why this matters and what this means:

After the CDC's approval of the Pfizer-BioNTech COVID-19 vaccine for five-to-eleven-year-olds, all K-12 students are now eligible for vaccinations against COVID-19, this is welcomed news from School Districts and communities. The continual increase in Districts applying for testing funding indicates that the early success of testing in Districts that opted-in early is attracting other schools to the program.

School Districts not yet involved in the program are encouraged to reach out to the Workgroup members and / or KDHE project specialists to facilitate testing programs, which can save schooldays for kids who would otherwise be sent home due to exposure. Fewer Districts reporting positive tests this week indicates the success of preventive measures being employed by schools to limit the chance of a large-scale outbreak; the number of outbreak cases per capita remains lower at schools where masks are required for students. The [KDHE K-12 COVID-19 Dashboard](#) continues to be a useful tool for parents, educators, health providers, and other child advocates to understand the state of COVID-19 in their School District.



View from Schools

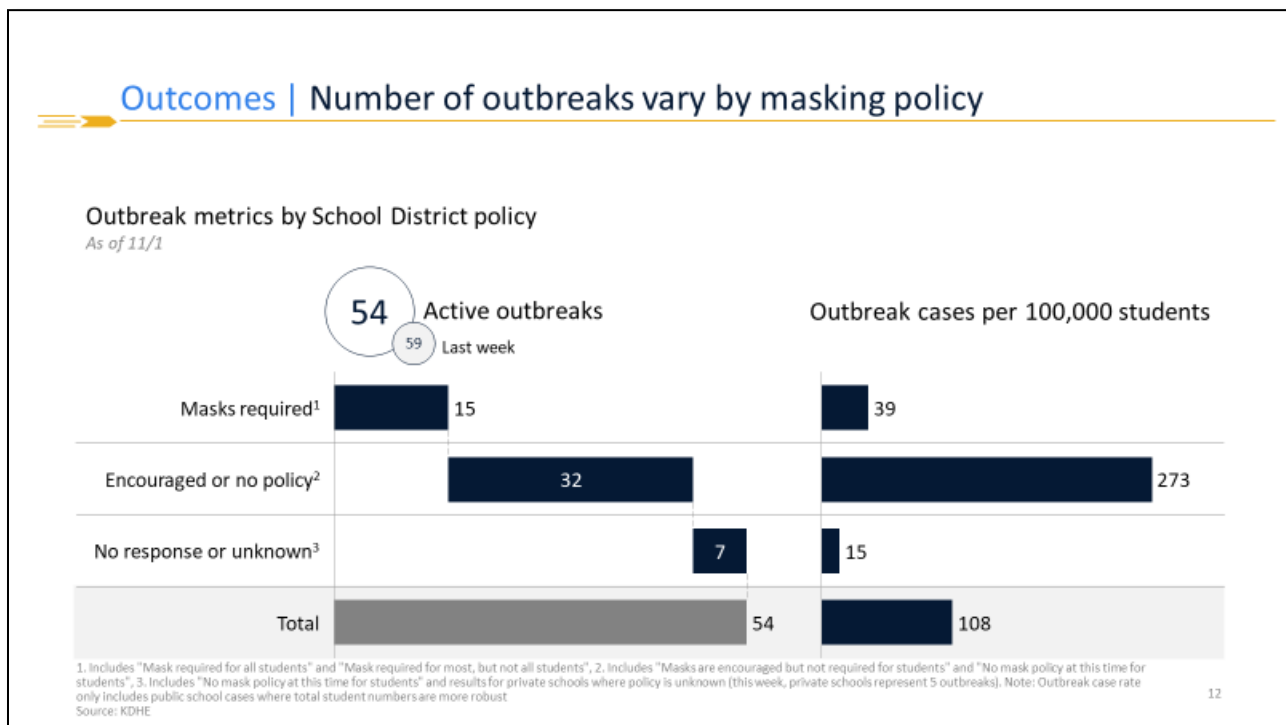
Four more interested School Districts drafted their applications for funding and two Districts expressed interest, reversing prior stances; responses to outreach on masking policies saw three additional responses, one for each the following: encouraged but not requiring, required for all students, no mask policy. Dr. Randy Watson emphasized the impact the Workgroup, KDHE, and the Governor's Office has made on keeping over 500k+ students, 50k+ teachers and school staff and communities safe. He highlighted the success Kansas has had compared to other states in keeping students in school and safe given the early implementation of preventive measures. Dr. Watson also reiterated the importance of maximizing the rate of vaccination among kids alongside testing and masking efforts, quoting Governor Kelly that, "Vaccinations: that is the way we are going to beat this virus."

Topics discussed:

- Dr. Randy Watson reiterated that vaccination remains the top measure to protect children from COVID-19; he highlighted to the Workgroup and listeners that vaccination efforts for five-to-eleven-year-olds are ready to launch after the CDC announcement. Alongside ongoing vaccination efforts to reach older children, testing programs, and masking efforts will help Kansas keep students in school and safe.
- Kevin Riemann noted that during the schoolboard and county commissioner elections, multiple elected candidates ran on platforms decrying masking and testing efforts in schools. He reaffirmed the importance to continue gathering masking data from schools as policies will likely change for certain School Districts come January 2022.
- Dr. Marci Nielsen shared a perspective from the CDC that not only advocated for schools to host clinics but also emphasized their role as educators in helping kids understand the mechanism of vaccines and immune systems; this information can be found [here](#).

Why this matters and what this means:

- The Workgroup members encouraged parents to get their children vaccinated, after the CDC officially extended authorization to five-to-eleven-year-olds; pediatric Pfizer dose ordering has been made available to providers and many have the pediatric vaccine ready-to-go.
- The vaccine will be a particularly useful tool to curb infection through the holiday season; as travel and in-person gatherings increase, the vaccine is the most effective way to protect family members of all ages and mitigate the risk of outbreaks in schools following holidays.
- School Districts and School Boards are reminded that districts with masking requirements have been the most successful policy in preventing large-scale outbreaks among their students.
- Schools will be crucial in helping families access the vaccine through mass vaccination clinics as well as serving as a trusted information provider for the science behind vaccinations. Schools are encouraged to set up their own vaccination clinics and to reach out to KDHE for support as needed.



View from Health care providers

The Workgroup members from the medical community described the various avenues parents can choose to have their child vaccinated and the considerations for physicians across those settings; with an expectation pediatricians and family offices will be the most common choice for parents. They discussed the nuances of vaccinating five-to-eleven-year-olds and strategies to communicate clearly with parents and children, highlighting that the vaccine is safe to receive alongside other immunization efforts. Providers on the Workgroup explained that kids typically mount a more robust immune response following the vaccination relative to adults, making the vaccine a highly effective tool in keeping kids safe from COVID-19 without as many side effects.

Topics discussed:

- Dr. Lindsay Byrnes shared the administration of the COVID-19 vaccine for physicians is like other vaccinations. She stated that an opportunity to see a child in the physician setting is an opportunity to

vaccinate the child, even if they are due for multiple vaccinations in the same day. She highlighted communication with patients and parents will be critical to ensure all parties are comfortable.

- Members discussed their expectations on how parents and children will engage with the vaccine and talked about strategies to help comfort both parents and children, such as storytelling, answering questions and providing small incentives (e.g., stickers, candies, etc.)
- Members agreed that single-dose or three-dose vials would be helpful for their practices to reduce waste and increase throughput
- Dr. Kristie Clark reminded the Workgroup that due to a robust immune response from five-to-eleven-year-olds, a smaller dose (the dosage is one-third of the adult dose) will be administered and this smaller dose vaccine appears to be effective and safe. She also highlighted that over 10 million 12–17-year-olds have received 1 or more doses of the vaccine with great success.
- Members reemphasized the importance of speaking to one's healthcare provider about getting the vaccine. The patient-doctor relationship is critical as they know about each family's context and their health background as well as sharing the latest science information in a distilled manner without bias.
- Dr. Jennifer Bacani-McKenney shared a conversation with a patient about what our communities can do to fight the virus; we all have the power and responsibility to do something in the effort to combat COVID-19. Vaccination is the top protection measure, but it is not the only tool we have to keep communities safe: masking, regular testing, washing of hands and socially distancing are helpful as well.

Why this matters and what this means:




















- Providers are excited by the approval from the CDC and ready to vaccinate five-to-eleven-year-olds to help prevent additional cases, hospitalizations, and deaths in their communities. The Workgroup members from the medical community noted that 5 Kansan children have died from the virus to-date; with the authorization of the vaccine for five-to-eleven-year-olds, the members expressed hope that we can limit the possibility of any further deaths of Kansan kids.
- Parents have a trusted resource in their pediatrician who has the context of their child's health and is willing, ready, and able to answer questions about the vaccine efficacy and safety. Parents are encouraged to engage in a dialogue with their pediatricians or family physicians to get their questions answered.
- The Workgroup encouraged adults, kids, parents to connect with their providers to continue to educate themselves. The Workgroup members noted excitement around doing something for the greater good and now we have the resources to keep all Kansans five and over safer.

Updates from last week:

The Workgroup discussed the implications of the Pfizer-BioNTech vaccination approval for five-to-eleven-year-olds, the importance of the vaccine as the primary preventive measure in schools; official guidance documents / resources from KDHE can be found [here](#). The Workgroup discussed the roles schools and providers will play in children vaccination efforts. The Workgroup presented a guidance document on vaccinations that has been published on KDHE website and can be accessed [here](#).

COVID-19 Vaccine eligibility information for Primary and Booster series

The chart below contains information on who is eligible for which COVID-19 vaccine:

	Eligible group			
Primary series <i>Refers to vaccinations needed to be considered fully vaccinated</i>	Ages 5-11	 21 days apart*	Not yet authorized	Not yet authorized
	Ages 12-17	 21 days apart	Not yet authorized	Not yet authorized
	Ages 18 and older	 21 days apart	 28 days apart	
Additional dose <i>Same as primary if avail.</i>	Moderately and severely immunocompromised	 28 days after primary	 28 days after primary	
Booster dose <i>Refers to additional dose given to increase immunity against mild and moderate COVID-19 infections</i> <i>CDC allows for mix and match dosing for booster shots</i>	Those who received Pfizer or Moderna primary series and are:			
	<ul style="list-style-type: none"> • 65 and older • 18 and older with a medical condition • 18 and older at increased risk where they live or work • Long-term care residents 	 6 months after primary	 6 months after primary	 6 months after primary
	Those who received J&J primary series	 2 months after primary	 2 months after primary	 2 months after primary
	Moderately and severely immunocompromised	 6 months after additional	 6 months after additional	 2 months after primary

Note: You may receive flu or any other vaccines at the same time as a COVID-19 vaccine

*Children ages 5 to 11 require a pediatric dose of the Pfizer vaccine

Topics discussed:

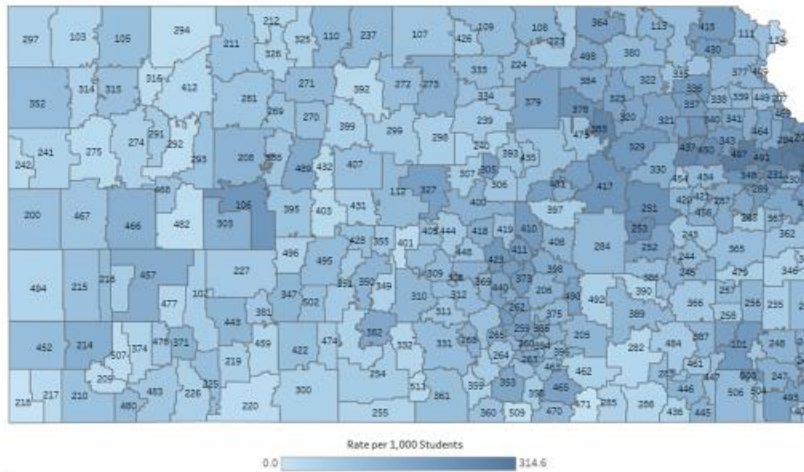
- The Workgroup reviewed the eligibility and authorization status for various populations.
- Providers gave input on the efficacy and safety of the newly approved pediatric dose for five-to-eleven-year-olds.
- Members reemphasized the importance of connecting with one's healthcare provider to get trusted information about the vaccine.
- The Workgroup discussed the how they think providers and schools will both be vital to vaccinate the newly eligible five-to-eleven-year-olds.

Why this matters and what this means:

- The results of the Pfizer-BioNTech trials on children and the CDC approval reinforce the safety and efficacy of the COVID-19 vaccine for the five-to-eleven-year-old age group. Children even experienced milder side effects relative to adults following the vaccine.
- The vaccine will be a particularly useful tool to curb infection through the holiday season; as travel and in-person gatherings increase, the vaccine is the most effective way to protect family members of all ages and mitigate the risk of outbreaks in schools following holidays.

Vaccination | Youth vaccination rates by County

Cumulative COVID-19 Vaccination Rates Among School-Aged Children (ages 5-17) by School District
Number within each map boundary represents the USD number



Source: KS WebIZ, as of 11/2

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The Safer Classrooms Workgroup will meet next on November 10, 2021. The meeting will be livestreamed on the Governor's YouTube channel. Viewers are encouraged to submit topics they would like for the Workgroup to discuss through the Kansas COVID Workgroup for Kids (KCWK) at kansasCOVIDworkgroup4kids@gmail.com.

Workgroup members:

<i>Stephanie Kuhlmann, MD</i>	<i>Rhonda Hutchison, BSN, RN</i>
<i>Jennifer Bacani-McKenney, MD</i>	<i>Kimber Kasitz, BSN, RN</i>
<i>Jen Brull, MD</i>	<i>Vernon Mills, MD</i>
<i>G.A. Buie</i>	<i>Kelli Netson, Ph.D</i>
<i>Lindsay Byrnes, MD, MPH</i>	<i>Kevin Riemann</i>
<i>Kristie Clark, MD</i>	<i>Manuel Solano, MD</i>
<i>Allen Greiner, MD, MPH</i>	<i>Margaret Thompson, RN, ARNP</i>
<i>Dena Hubbard, MD</i>	<i>Randy Watson, Ed.D, MS</i>